

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90012 004 ****61.25

DOCUMENT # N24918
 1. Entity Name
COUNTRY CREEK VII HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2215 EAST SR 200 YULEE FL 32097 US	Mailing Address P O BOX 1987 P.O. BOX 1408 YULEE FL 32097-1987 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 287 9954 59-2469047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 POWELL, TERRELL J.
 2215 EAST SR 200
 YULEE FL 32097

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE Terrell J. Powell DATE 3.14.01
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATTISON, LYNETTE	
STREET ADDRESS	1526 ROSE HILL DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOWERS, DALE	
STREET ADDRESS	8923 ROSE HILL DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	SD MURFIN	<input type="checkbox"/> Delete
NAME	MURFIN, CHARLES E JR	
STREET ADDRESS	8929 CHERRY HILL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLADAY, DAVID A	
STREET ADDRESS	1364 MAYBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONCRIEF, HELEN	
STREET ADDRESS	8870 ROSE HILL DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynette Mattison	
STREET ADDRESS	1526 Rose Hill Dr. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher J. Braniff	
STREET ADDRESS	8974 Rose Hill Dr. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles E. Murfin, Jr.	
STREET ADDRESS	8929 Cherry Hill Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Murfin, Jr. 904-781-4899 3/24/01 904-225-9070
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)